

2016 Ice Sheet Summer Hockey Camp Consent To Treat Form

(One per family please)

Last Name: _____

Skater(s) at Camp: _____,

Parent/Guardian(s): _____,

Emergency Phone(s): _____,

Choose only one:

_____ I Hereby give The Weber County Ice Sheet personnel, or, representative thereof, permission to treat my child.

_____ I **DO NOT** give The Weber County Ice Sheet personnel, or, representative thereof, permission to treat my child

Preferred Emergency Room:

Medical Provider: _____

Insurance/Group #: _____

All Athletes are expected to fully participate in Dry-land & Ice Sessions. If your child cannot fully participate due to an injury, please attach signed Dr's note. Ice Hockey and the athletic exercises associated with its' training can be very strenuous. Please see that your child is aware of that, is properly hydrated and is prepared to work hard.

List any Medical Limitations (Please attach Dr's note):

Parent/Guardian Signature: _____ Date: _____